Travel Guard®





REQUEST FOR APPOINTMENT

Thank you for your interest in partnering with Travel Guard Canada. Please complete the following information in full and submit to us at info@travelguard.ca. Upon review of your request, a member of our Sales Team will contact you.

Requestor's Name:				
Position:	Email Address:			
Name under which business is tr	ansacted:			
Year operations began:	Annual Travel Insurance Premium: 2016 \$		2017 \$	2018 \$
Business Street Address:				
City:	Province/Territory:		Postal Code:	
Business Phone Number:	Alternative Phone Number:			
Website(s):				
Business Type:	Primary Target Market:		# of Licensed A	Agents:
Choose One.	Choose One.			
Insurance Brokerage	Seniors/Snowbirds			
Retail Travel Agency	Leisure Travellers		Jurisdictions Where Licenses Held:	
Travel Wholesaler	Business Travellers		Check All that Apply.	
Transportation Company	Student Groups		Alberta	
Individual Representative	Tour Operator		British Columbia	
	Motor Coach Tours		Yukon	
Legal Type:	Visitors to Canada		Saskatchewan	
Choose One.	Other ()	Manitoba	
Corporation			Ontario	
Partnership			Quebec	
Sole Proprietor	Existing Travel Insurance Suppliers: Check All that Apply. Manulife Ro Royal Sun Alliance Allianz		New Brunswick	
A (01)			Nova Scotia Nunavut Northwest Territories Newfoundland Prince Edward Island	
Affiliations:				
If Applicable.				
IATA (#				
Consortium (
Other () Other (.)	Time Lawa	ia isiana





Other (_